Housing, Family and Social Statistics Division
General Social Survey 1991

Cycle 6: Health

Questionnaire Package
For information only
GENERAL SOCIAL SURVEY

CYCLE 6 QUESTIONNAIRE PACKAGE

This package briefly describes the content, methodology and sample of the sixth cycle of the General Social Survey (GSS). Copies of the questionnaires used in Cycle 6 are attached as appendices.

Three questionnaires were used to conduct the interviews:

<table>
<thead>
<tr>
<th>QUESTIONNAIRE</th>
<th>AGE GROUP</th>
<th>TITLE</th>
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<tbody>
<tr>
<td>GSS 6-1</td>
<td>All</td>
<td>Control Form</td>
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<tr>
<td>GSS6-1B</td>
<td>Age 65 and over (LFS oversample only)</td>
<td>Control Form</td>
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<tr>
<td>GSS6-2</td>
<td>Age 15 and over</td>
<td>Health Questionnaire</td>
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The GSS 6-1 was completed for each telephone number selected in the sample. It lists all household members and collects basic demographic information, specifically, age, sex, marital status and relation to the household reference person. A respondent, 15 years of age or older was then randomly selected and a GSS6-2 was completed for this person. In cases where the selected respondent was either too ill or did not speak either official language, a proxy interview was conducted when possible. For the oversample of seniors, the GSS6-1B was used to select a respondent from household members age 65 or older.

The sixth cycle of the GSS marks the first repeat of the GSS core subject areas. Most of the Cycle 6 core content repeats that of Cycle 1 (1985) as well as that of the Canada Health Survey (1978/79). Data collection for this cycle will be monthly from January 1991 to December 1991.

The content of the main questionnaire includes:

Section

A. Health status (chronic health problems)
B. Two week disability
C. 12 Month Health Care contacts
D. Flu shots
E. Health status indicators
F. Limitations (long term disability)
G. Physical condition and activity
Sample

The Cycle 6 sample includes persons 15 years of age or older selected from the ten provinces. The majority of the sample will be selected through random digit dialing (RDD).

Each computer generated telephone number in the sample is called and an interviewer completes a Control Form. When they contact a private household, all the members of the household are enumerated and then one member age 15 or over is randomly selected and interviewed.

The expected sample size for Cycle 6 is 11,500. This sample includes the standard 10,000 interviews of people age 15 and over and a supplementary sample of 1,500 people age 65 and over sponsored by the Seniors Secretariat, Health and Welfare Canada. The telephone numbers for the elderly oversample will be drawn from households that have recently been part of the Labour Force Survey and are thought to contain at least one individual age 65 or older. In these households, all members are enumerated then one member age 65 or older is selected and interviewed.
**General Social Survey**

**Control Form**

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**Enquête sociale générale**

**Formule de contrôle**

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**Record of Calls - Registre des Appels**

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**Call Coverage by Time of Day and Day of Week**

**Appels selon l'heure et le jour**

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**Interviewer Number**

**N° de l'intervieweur**

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**Senior Interviewer Only**

**Intervieweur principal seulement**

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**Final Status**

**Etat final**

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**Statistics Canada**

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**For information only**
21. Hello, I'm calling from Statistics Canada. I'm calling you for a survey about the health of Canadians.

Bonjour, ici de Statistique Canada. Nous vous appelez concernant une étude au sujet de la santé des Canadiens.

22. I'd like to make sure that I've dialed the right number. Is this (read number)?

Yes  O
No  O Dial again, it still wrong.

J'aimerais m'assurer que j'ai composé le bon numéro. S'il s'agit du bon numéro?

Oui  O
Non  O Compose de nouveau. S'il s'agit encore d'un mauvais numéro. METTEZ FIN A L'INTERVIEW.

23. All information we collect in this voluntary survey will be kept confidential. Your participation is essential if the survey results are to be accurate.

Tous les renseignements que vous fournirez pour cette enquête volontaire resteront confidentiels. Votre participation est essentielle afin que les résultats soient précis.

24. Is this the number for a business, an institution or a private home?

Private home  O Go to 27
Both home and business  O
Business, institution or other non-residence  O

S'agit-il du numéro d'une entreprise, d'un établissement ou d'une maison privée?

Maison privée  O Passer à 27
Entreprise et maison privée  O
Entreprise, établissement ou autre immeuble non résidentiel  O

25. Does anyone use this telephone number as a home number?

Yes  O
No  O Thank respondent and END

Quelqu'un utilise-t-il ce numéro de téléphone comme numéro personnel?

Oui  O
Non  O Remerciez le répondant et METTEZ FIN A L'INTERVIEW.

26. How many people live or stay at this address and use this number as a home phone number?

Less than 15  O
15 or more  O Make appointment

Combien de personnes vivent ou demeurent à cette adresse et utilisent ce numéro de téléphone comme numéro personnel?

Moins de 15  O
15 ou plus  O Fixez un rendez-vous

27. I need to select one person from your household for an interview. What is the first name and age of each person living or staying there who has no usual place of residence elsewhere? Please start with the oldest.

(Enter names and ages in items 23 and 25.)

Je dois choisir une personne de votre ménage pour une interview. Quel est le prénom et l'âge de chaque personne qui vit ou demeure à cet endroit et qui n'a pas d'autre lieu habituel de résidence. Veuillez commencer par la personne la plus âgée du ménage.

(Insrez le nom et l'âge aux rubriques 23 et 25.)

28. INTERVIEWER: Complete items 28 through Z12 for each person recorded in item 23.

Refer to Interviewer Reference Card for instructions and codes.

Then go to item 29.

INTERVIEWEUR: Remplissez les rubriques 28 à Z12 pour chaque personne inscrite à la rubrique 23.

Pour les instructions et les codes, voir la Fiche de référence de l'intervieweur.

Puis, passez à la rubrique 29.

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<table>
<thead>
<tr>
<th>A</th>
<th>Eligible Household Members</th>
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<tbody>
<tr>
<td>B</td>
<td>Selection Number</td>
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**SELECTION GRID LABEL**

**ÉTIQUETTE GRILLE DE SÉLECTION**

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<tbody>
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<td>Page</td>
<td>Line</td>
<td>Names of Household Members</td>
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<td>Nom des membres du ménage</td>
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<tr>
<td>Page</td>
<td>Ligne</td>
<td>Names of Household Members</td>
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<td>Ligne</td>
<td>Nom des membres du ménage</td>
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</table>
29. **INTERVIEWER:** Enter the Page-Line Number of the person giving the preceding information.

| 7 | Page-Line Number of household respondent |

30. Are there any people away from this household attending school, visiting, travelling or in the hospital who **USUALLY** live there?  
Yes ....... 0 Enter names and complete items 25 through 212.  
No ....... 0

31. Does anyone else live there, such as other relatives, roomers, boarders or employees?  
Yes ....... 0 Enter names and complete items 25 through 212.  
No ....... 0

32. **INTERVIEWER:** In item 24 number the people 15 years of age and over, in order, from oldest to youngest. Enter number of eligible household members.  
Number of eligible household members

33. **INTERVIEWER:** Determine the selected respondent by referring to the Selection Grid Label. In item 24 circle the selection number of the selected respondent and enter Page-Line Number.  
Page-Line Number of selected respondent

34. The person I am to interview is ....... (read name). (Is he/she there?)  
Yes ....... 0 Go to Form GSS 6/2 and begin interview.  
No ....... 0

Z7. Sex  
Z8. Family identifier  
Z9. Co-twin

|-----|-----|-----|-----| Numero de page-ligne de:  
| M    | F    | M    | F    | Spouse  
| S    | S    | E    | E    | Father  
| 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | S    | E    | Spouse  
| 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | S    | E    | Father  
| 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | S    | E    | Spouse  
| 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | S    | E    | Father  

II-500-54
# RECORD OF CALLS - REGISTRE DES APPELS

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<th>14 Result</th>
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If the last call to the household is recorded on this page, transcribe the information for this call to line 99 on page 1.

Si le dernier appel effectué pour ce menage est enregistré sur cette page, veuillez transcrire l’information relative à cet appel à la ligne 99 de la page 1.
For information only
Section A: Health Status

A1. INTERVIEWER: Repeat the introduction below if the selected respondent is different from household respondent.

Hello, I'm ... from Statistics Canada. I'm calling you for a survey on the health of Canadians.

All the information we collect in this voluntary survey will be kept strictly confidential. Your participation is essential if the survey results are to be accurate.

A2. Compared to other people your age, how would you describe your state of health? Would you say it was ...

Excellent? .............
Very Good? ............
Good? ...............
Fair? ..............
Poor? ............

A3. When did you last have your blood pressure checked by a doctor or nurse?

Within the last 6 months ....
7 to 12 months ago ....
13 to 24 months ago ....
More than 2 years ago ....
Never ....
Don't know ....
Refused ....

A4. Have you ever been told by a doctor or nurse that you have high blood pressure? (For women add: except when you were pregnant)

Yes ....
No ....
Don't know ....

A5. Has any medication or treatment such as a change in diet ever been prescribed for your high blood pressure?

Yes ....
No ....
Don't know ....

A6. Have you ever had trouble with your heart, such as heart attack, angina, heart failure or rheumatic heart disease?

Yes ....
No ....
Don't know ....

A7. At what age were you first diagnosed?

____ years of age
Never diagnosed ....
Don't know ....

A8. Do you have diabetes?

Yes ....
No ....
Don't know ....
Refused ....

Go to A10

A9. At what age were you first diagnosed?

____ years of age
Never diagnosed ....
Don't know ....

A10. Do you have:

Yes No Don't know

a) Arthritis, rheumatism or bursitis? ....
b) Asthma? ....
c) Emphysema, bronchitis, persistent cough or shortness of breath? ....
d) Hay fever? ....
e) Skin or other allergies? ....
f) Stomach ulcers? ....
g) Other digestive problems? ....
h) Recurring migraine headaches? ....
i) High blood cholesterol? ....
j) Any emotional disorders? ....

Section B: Two-Week Disability

B1. During the last two weeks, was your main activity working, going to school, keeping house, retired or something else? (Note: If sickness or short-term illness is reported, ask for usual main activity)

Working ....
Going to school ....
Keeping house ....
Retired ....
Other (vacation, maternity/paternity leave, long term illness, etc.) ....
(Specify)

B2. During those 14 days, did you stay in bed at all because of your health, including any nights spent as a patient in a hospital?

Yes ....
No ....
Refused ....

Go to B7
B3. How many days did you stay in bed for all or most of the day?

- bed days
- Part of a day

B4. Interviewer Check Item:
  - Was the respondent...
    - Working
    - Going to school
    - Keeping house
    - Retired
    - Other/Refused
  
B5. On how many of those days would you normally have worked?

- gone to school
- done housework

B6. Not counting days spent in bed, did you cut down on things you normally do during the day because of your health?

- Yes
- No
- Refused

B7. (During those 14 days) Did you cut down on things you normally do during the day because of your health?

- Yes
- No
- Refused

B8. How many days did you cut down for all or most of the day?

- cut-down days
- Part of a day

B9. Interviewer Check Item:
  - Was the respondent...
    - Working
    - Going to school
    - Keeping house
    - Retired
    - Other/Refused

B10. On how many of those days were you not able to...

- work
  - go to school
  - do housework

B11. During those 14 days, did you see or talk to a medical doctor about your health?

- Yes
- No
- Refused

B12. What was the main reason for this contact?

- Illness or health problem
- Medical check-up
- Shots, inoculations or vaccination
- Pre or post-natal care
- Other

Section C: 12-Month Health Care Contacts

C1. During the past 12 months, how many times did you see or talk to a...

a) Family doctor or general practitioner about your own health?

- Times
- None

b) Medical specialist?

c) Dentist?

d) Nurse (excluding making appointments?)

e) Optometrist or optician?

f) Chiropractor?

g) Psychologist, social worker, or counsellor?

h) Physiotherapist?

i) Any other health care professional?

(Specify)
**Section D: Flu Shots**

**D1. Did your doctor or nurse recommend that you get a flu shot during the fall or winter of 1990-1991?**
- Yes ............... 40
- No ............... 50

**D2. Comment: This vaccination is usually given in the fall and protects against influenza for about one year.**

**D3. Did you have a flu shot during the fall or winter of 1990-1991?**
- Yes ............... 60  \( \rightarrow \) Go to E1
- No ............... 70
- Don't know ............... 80  \( \rightarrow \) Go to E1
- Refused ............... 90  \( \rightarrow \) Go to E1

**Section E: Health Status Indicators**

**E1. The next set of questions ask about your day to day health. You may feel that some of these questions do not apply to you but it is important that we ask the same questions of everyone.**

**E2. Are you usually able to see well enough to read ordinary newsprint without glasses or contact lenses?**
- Yes ............... 10  \( \rightarrow \) Go to E5
- No ............... 20
- Refused ............... 30  \( \rightarrow \) Go to E7

**E3. Can you see well enough to read ordinary newsprint with glasses or contact lenses?**
- Yes ............... 40  \( \rightarrow \) Go to E5
- No ............... 50
- Don't know (Don't wear glasses or contacts) ............... 60

**E4. Can you see at all?**
- Yes ............... 70
- No ............... 80  \( \rightarrow \) Go to E7

**E5. Can you see well enough to recognize a friend on the other side of the street without glasses or contact lenses?**
- Yes ............... 10  \( \rightarrow \) Go to E7
- No ............... 20
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<td><strong>E6.</strong> Can you see well enough to recognize a friend on the other side of the street with glasses or contact lenses?</td>
<td>Yes 3.0</td>
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<td></td>
<td>No 4.0</td>
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<td></td>
<td>Don't know (Don't wear glasses or contacts) 5.0</td>
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<td><strong>Getting Around</strong></td>
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<td><strong>E15. INTERVIEWER:</strong></td>
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<td>If a respondent says &quot;sometimes&quot; to any of the following questions, E16-E20 and E22, please prompt with &quot;Is that usually?&quot; If it is not, mark No.</td>
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<td><strong>E16.</strong> Are you able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?</td>
<td>Yes 5.0 Go to E23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No 6.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refused 7.0 Go to E23</td>
<td></td>
</tr>
<tr>
<td><strong>E17.</strong> Can you walk at all?</td>
<td>Yes 8.0 Go to E20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No 9.0</td>
<td></td>
</tr>
<tr>
<td><strong>E18.</strong> Do you require mechanical support such as braces, cane or crutches to walk around the neighbourhood?</td>
<td>Yes 0.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No 2.0</td>
<td></td>
</tr>
<tr>
<td><strong>E19.</strong> Do you require the help of another person to walk?</td>
<td>Yes 3.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No 4.0</td>
<td></td>
</tr>
<tr>
<td><strong>E20.</strong> Do you require a wheelchair to get around?</td>
<td>Yes 5.0 Go to E23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No 6.0</td>
<td></td>
</tr>
<tr>
<td><strong>E21.</strong> How often do you use a wheelchair...</td>
<td>Always 1.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Often 2.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes 3.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never 4.0</td>
<td></td>
</tr>
<tr>
<td><strong>Hands and Fingers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>E23.</strong> Do you usually have the full use of two hands and ten fingers?</td>
<td>Yes 7.0 Go to E27</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No 8.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refused 9.0 Go to E27</td>
<td></td>
</tr>
<tr>
<td><strong>E24.</strong> Do you require the help of another person because of limitations in the use of your hands and fingers?</td>
<td>Yes 1.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No 2.0 Go to E26</td>
<td></td>
</tr>
</tbody>
</table>
E25. Do you require the help of another person with…
     Some tasks? 0  
     Most tasks? 4  
     Almost all tasks? 5  
     All tasks? 6

E26. Do you require special equipment, for example, devices to assist in dressing, because of limitations in the use of your hands or fingers?
     Yes 7  
     No 0

E27. Would you describe yourself as usually…
     Happy and interested in life? 1  
     Somewhat happy? 2  
     Somewhat unhappy? 3  
     Very unhappy? 4  
     No opinion 5

E28. How would you describe your usual ability to remember things…
     Able to remember most things? 6  
     Somewhat forgetful? 7  
     Very forgetful? 8  
     Unable to remember anything at all? 9

E29. How would you describe your usual ability to think and solve day to day problems…
     Able to think clearly and solve problems? 1  
     Having a little difficulty? 2  
     Having some difficulty? 3  
     Having a great deal of difficulty? 4  
     Unable to think or solve problems? 5

E30. In general, do you have any trouble with pain or discomfort?
     Yes 6  
     No 7  
     Refused 8

E31. How would you describe the usual intensity of pain or discomfort…
     Mild? 1  
     Moderate? 2  
     Severe? 3

E32. How many activities does your pain and discomfort prevent…
     None? 4  
     A few? 5  
     Some? 6  
     Most? 7

Section F: Limitations

F1. Are you limited in the amount or kind of activity you can do at home, at work or at school because of a long term physical condition or health problem?
     Yes 1  
     No 2  
     Refused 3  
     Go to G1

F2. How are you limited? (Note: record limitation not problem)

F3. What is the main health problem which caused this limitation?

Section G: Physical Condition and Activity

G1. The next few questions concern your physical condition and physical activity.

G2. How tall are you without your shoes on?

G3. How much do you weigh?

G4. Do you consider yourself to be…
     Overweight? 1  
     Underweight? 2  
     Just about right? 3
G5. I am now going to ask you questions about the amount of time you spend on physical activity at work or while doing your daily chores, but not leisure time activity.

A. How many hours per day do you usually spend standing or walking but not carrying or lifting things? Would that be...

- None? .................................................. 01
- Less than 15 minutes? ............................. 02
- 15 minutes to less than 2 hours? .............. 03
- Two to less than 4 hours? ....................... 04
- Four to less than 6 hours? ...................... 05
- Six hours or more? ................................. 06
- Don’t know ............................................ 07

B. How many hours per day do you usually spend lifting or carrying light loads, climbing stairs or hills? Would that be...

- None? .................................................. 08
- Less than 15 minutes? ............................. 09
- 15 minutes to less than 2 hours? .............. 10
- Two to less than 4 hours? ....................... 11
- Four to less than 6 hours? ...................... 12
- Six hours or more? ................................. 13
- Don’t know ............................................ 14

C. How many hours per day do you usually spend doing heavy work or carrying very heavy loads? Would that be...

- None? .................................................. 15
- Less than 15 minutes? ............................. 16
- 15 minutes to less than 2 hours? .............. 17
- Two to less than 4 hours? ....................... 18
- Four to less than 6 hours? ...................... 19
- Six hours or more? ................................. 20
- Don’t know ............................................ 21

B. Thinking back over the past month, how many hours per week did you spend on moderate physical activity where your breathing was a lot faster than normal but talking was still possible? Would that be...

- None? .................................................. 28
- Less than one hour? ............................... 29
- One hour to less than 2 hours? ............... 30
- Two hours to less than 3 hours? .............. 31
- Three hours or more? ............................ 32
- Don’t know ............................................ 33

C. Thinking back over the past month, how many hours per week did you spend on vigorous physical activity where your breathing was very difficult or almost impossible? Would that be...

- None? .................................................. 34
- Less than one hour? ............................... 35
- One hour to less than 2 hours? ............... 36
- Two hours to less than 3 hours? .............. 37
- Three hours or more? ............................ 38
- Don’t know ............................................ 39

G7. Overall, do you consider the amount of physical activity you usually get to be...

- Too much? ............................................ 7
- Too little? ............................................. 8
- The right amount? .................................. 9

Section H: Sleep

H1. Comment: Recent studies have shown that the amount of sleep a person gets may be related to their health.

H2. How long do you usually spend sleeping each night? (Do not include time spent resting.)

[Blank space for hours and minutes]

- Don’t know ............................................ 00:00

H3. Do you regularly have trouble going to sleep or staying asleep?

- Yes .................................................... 1
- No ..................................................... 2

H4. How often do you find your sleep refreshing?

- Most of the time? ................................. 3
- Sometimes? ........................................ 4
- Never? ............................................... 5

H5. How often do you find it difficult to stay awake when you want to?

- Most of the time? ................................. 8
- Sometimes? ........................................ 7
- Never? ............................................... 4
**Section J: Smoking**

J1. The next questions are about cigarette smoking.

J2. Do you smoke cigarettes...
   - Daily? ................. 1
   - Occasionally? ........ 2
   - Not at all? ............ 3
   - Refused? ............... 4 ➔ Go to J5

J3. About how many cigarettes do you smoke each day?
   - 5 ___ daily cigarettes

J4. At what age did you start smoking daily?
   - 8 ___ years of age ➔ Go to J6

J5. Have you ever smoked cigarettes daily?
   - Yes .................. 7
   - No ................... 8
   - Refused ............... 9 ➔ Go to J8

J6. At what age did you start smoking daily?
   - 1 ___ years of age

J7. At what age did you last stop smoking daily?
   - 2 ___ years of age

J8. How many people in your household, excluding yourself, smoke cigarettes daily?
   - 3 ___ number of household smokers
   - Don't know .............. 398

**Section K: Alcohol**

K1. Now I would like to ask you some questions about alcohol consumption. When we use the word drink it means:
   - One beer
   - One small glass of wine
   - 1 12 ounces of liquor

K2. Have you ever taken a drink?
   - Yes .................. 4
   - No ................... 5
   - Refused ............... 6 ➔ Go to M1

K3. In the last 12 months, have you taken a drink?
   - Yes .................. 7
   - No ................... 8
   - Refused ............... 9 ➔ Go to M1

**Section M: Occupation and Health**

M1. During the past 12 months, what best describes your MAIN activity? Were you mainly...
   - Working at a job or business? 1 ➔ Go to M12
   - Looking for work? ........ 2 ➔ Go to M3
   - A student? ............. 3
   - Keeping house? .......... 4
   - Retired? ................ 5 ➔ Go to M3
   - Other .................. 6
   - (Specify)

M2. Were you studying full-time or part-time?
   - Full-time .............. 8
   - Part-time ............... 9
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Next Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>M3. Did you have a job or were you self-employed at any time during the past 12 months?</td>
<td>Yes 1 O  Go to M12  No 2 O  Refused 3 O  Go to M6</td>
<td></td>
</tr>
<tr>
<td>M4. Did you look for a job in the last four weeks?</td>
<td>Yes 4 O  No 5 O  Go to M6</td>
<td></td>
</tr>
<tr>
<td>M5. How long have you been looking for a job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M6. Have you ever worked at a job, business or been self-employed?</td>
<td>Yes 7 O  No 8 O  Go to M40</td>
<td></td>
</tr>
<tr>
<td>M7. What kind of work did you do for the longest time? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M8. For how many years did you do this kind of work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M9. For whom did you work? (Name of business; government department or agency, or person)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M10. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M11. In what year did you last work?</td>
<td>1991 1 O  Go to M40</td>
<td></td>
</tr>
<tr>
<td>M12. Did you do any work at a job or business last week?</td>
<td>Yes 2 O  Go to M16  No 3 O  Refused 4 O  Go to M16</td>
<td></td>
</tr>
<tr>
<td>M13. Last week, did you have a job to which you expected to return?</td>
<td>Yes 5 O  Go to M16  No 6 O</td>
<td></td>
</tr>
<tr>
<td>M14. Did you look for a job in the last four weeks?</td>
<td>Yes 7 O  No 8 O  Go to M16</td>
<td></td>
</tr>
<tr>
<td>M15. How long have you been without a job and looking for one?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M16. For how many weeks during the past 12 months were you employed or self-employed. Include vacation, illness, strikes, lock-outs and maternity/paternity leave.</td>
<td>2 weeks 2 O  Go to M17</td>
<td></td>
</tr>
<tr>
<td>M17. During those weeks, how many hours per week did you usually work? (Include all jobs)</td>
<td>31 hours 3 O  Go to M18</td>
<td></td>
</tr>
<tr>
<td>M18. Which of the following best describes the hours you usually worked...</td>
<td>Regular day time schedule? Regular afternoon or evening schedule? Regular night shift? Rotating shift? Some other (specify)? Other</td>
<td>Regular day time schedule? Regular afternoon or evening schedule? Regular night shift? Rotating shift? Some other (specify)? Other 4 O  Go to M20</td>
</tr>
</tbody>
</table>
M21. What kind of business, industry or service was this? (Give full description: e.g. paper box manufacturing, retail shoe store, municipal board of education)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<td></td>
</tr>
</tbody>
</table>

M22. What kind of work were you doing? (Give full description: e.g. accounts clerk, dairy farmer, primary school teacher)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</tbody>
</table>

M23. In that job, were you a paid worker or self-employed?

<table>
<thead>
<tr>
<th>Type</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid worker</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employed</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (e.g. unpaid family worker)</td>
<td>6</td>
<td></td>
<td>Go to M27</td>
</tr>
</tbody>
</table>

Job Benefits

M24. Comment: These questions refer to the job you just described. Include benefits that are either provided entirely by your employer or that are cost shared between you and the employer.

M25. Does/Did your employer provide you with a ...

a) Retirement pension plan (in addition to the Canada Pension Plan or Quebec Pension Plan, contribution required of employer)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) Disability insurance to replace at least part of your earnings in the event you become disabled (in addition to the disability benefits of the Canada Pension Plan or Quebec Pension Plan)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c) Survivor benefits for your family in the event of your death (in addition to those provided by the Canada Pension Plan or the Quebec Pension Plan)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M26. Are you a member of a labour union?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Occupational Health

M27. In the past 12 months, did you ever suffer a workplace injury or illness?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M28. How many days of work did you miss as a result?

<table>
<thead>
<tr>
<th>Days missed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

M29. In total, during the past 12 months, how many days did you miss from work due to any illness or injury? Exclude vacations, holidays, strikes, lockouts and maternity/paternity leave.

<table>
<thead>
<tr>
<th>Days missed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>
M30. Have any of the following things in your work environment caused you excess worry or stress in the past 12 months...

(a) Too many demands or too many hours of work? ................. 01 O 02 O
(b) Risk of accident or injury? .................. 03 O 04 O
(c) Poor interpersonal relations? ........... 05 O 06 O
(d) Sexual harassment? ..................... 07 O 08 O
(e) Other harassment? ..................... 09 O 10 O
(f) Discrimination of any kind? (age, sex, race, ethnicity/disability/sexual orientation) ................. 11 O 12 O
(g) Threat of layoff or job loss? .......... 13 O 14 O
(h) Other? ................................ 15 O 16 O

(Specify)

M31. Interviewer Check Item:

Review M30.

Are any of the responses Yes?

Yes .................. 1 O

No/Refused .................. 2 O → Go to M34

M32. Did you do anything to improve the situation?

Yes .................................. 3 O

No .................................. 4 O

Refused .................. 5 O → Go to M34

M33. What did you do? (Mark all that apply)

- Resigned without having another job lined up 1 O
- Transferred to a less stressful or less physically demanding job with the same employer 2 O
- Changed to a less stressful or less physically demanding job with a different employer 3 O
- Reduced regular hours of work 4 O
- Changed from full-time to part-time 5 O
- Took a leave of absence or sabbatical without pay 6 O
- Took a retirement pension beginning before age 65 7 O
- Changed attitude/learned to relax 8 O
- Other 9 O

(Specify)

M34-M39. Over the past 12 months, did your job ever expose you to...

(A) No Yes

(B) How often?

(C) Do you feel this has a negative impact on your health? (Outcome may be later)

Yes No

M34. Dust or fibres in the air? 01 O 02 O

Most of the time? 03 O

Sometimes? 04 O

Rarely? 05 O

M35. Dangerous chemicals or fumes? 08 O 09 O

Most of the time? 10 O

Sometimes? 11 O

Rarely? 12 O

M36. Loud noise? 15 O 16 O

Most of the time? 17 O

Sometimes? 18 O

Rarely? 19 O

M37. Computer screens or display terminals? 22 O 23 O

Most of the time? 24 O

Sometimes? 25 O

Rarely? 26 O

M38. Poor quality air? 29 O 30 O

Most of the time? 31 O

Sometimes? 32 O

Rarely? 33 O

M39. Any other dangers? 36 O 37 O

Most of the time? 38 O

Sometimes? 39 O

Rarely? 40 O

(Specify)
Section P: Emotional Well-Being

P1. Here is a list that describes some of the ways people feel at different times. During the past few weeks, how often have you felt...

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) On top of the world?</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>b) Very lonely or remote from other people?</td>
<td>04</td>
<td>05</td>
<td>06</td>
</tr>
<tr>
<td>c) Particularly excited or interested in something?</td>
<td>07</td>
<td>08</td>
<td>09</td>
</tr>
<tr>
<td>d) Depressed or very unhappy?</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>e) Pleased about accomplishing something?</td>
<td>13</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>f) Bored?</td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>g) Proud because someone complimented you on something you had done?</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>h) So restless you couldn't sit long in a chair?</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
</tbody>
</table>
| j) Upset because someone criticized you? | 25 | 26 | 27 |...
Q6. Do all the telephones have the same number?
Yes ............. 4.0 → Go to Q11
No ............. 5.0

Q7. Comment: Households with more than one telephone number have a greater chance of being selected by the survey. We ask these questions to adjust for this.

Q8. How many different numbers are there? __________

Q9. Are any of these numbers for business use only?
Yes ............. 6.0
No ............. 7.0 → Go to Q11

Q10. How many are for business use only? __________

Q11. In what country were you born?
Canada 1.0 – In which province or territory?

- Newfoundland/Labrador ........... 01
- Prince Edward Island ............ 02
- Nova Scotia .................. 03
- New Brunswick ................. 04
- Quebec .......................... 05
- Ontario .......................... 06
- Manitoba ....................... 07
- Saskatchewan .................. 08
- Alberta ......................... 09
- British Columbia ............... 10
- Yukon Territory ................. 11
- Northwest Territories ........... 12

Country 2.0 → Specify outside Canada

- England .......................... 13
- United States .................... 14
- Germany ......................... 15
- Scotland ......................... 16
- Italy .............................. 17
- Poland ............................ 18
- China ............................. 19
- India .............................. 20
- USSR ............................. 21
- Philippines ..................... 22
- Other ............................ 23

(Specify)

Q12. In what year did you first immigrate to Canada?

Canadian citizen by birth .............. 996.0

Q13. What is your date of birth?

Day Month Year
Refused .......................... 8.0 → Go to Q15

Q14. Interviewer Check Item:

Review year of birth in Q13.
Is year 1940 or earlier?
Yes .................................. 1.0
No .................................. 2.0 → Go to Q15

Q15. Did you have any war time service in the active military forces of Canada or its allied forces?
Yes .................................. 3.0 → Q15A. Which conflict or war?
(Mark all that apply)

- World War I ..................... 5.0
- World War II ..................... 5.0
- Korean conflict .................... 7.0
- Other ................................ 8.0

Q16. What language did you first speak in childhood?
(Accept multiple responses only if languages were used equally)

Do you still understand that/those language(s)?

Yes No

English ......................... 01
French ......................... 02 → 23 24
Italian ......................... 03 → 25 26
German ......................... 04 → 27 28
Ukrainian ....................... 05 → 29 30
Dutch ............................. 06 → 31 32
Chinese .......................... 07 → 33 34
Hungarian ....................... 08 → 35 36
Portuguese ..................... 09 → 37 38
Polish ............................ 10 → 39 40
Other ............................ 11 → 41 42

(Specify)
Q17. What language do you speak most often at home? (Accept multiple responses only if languages are spoken equally)

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>34</td>
</tr>
<tr>
<td>French</td>
<td>39</td>
</tr>
<tr>
<td>Italian</td>
<td>38</td>
</tr>
<tr>
<td>German</td>
<td>37</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>38</td>
</tr>
<tr>
<td>Dutch</td>
<td>36</td>
</tr>
<tr>
<td>Chinese</td>
<td>40</td>
</tr>
<tr>
<td>Hungarian</td>
<td>41</td>
</tr>
<tr>
<td>Portuguese</td>
<td>42</td>
</tr>
<tr>
<td>Polish</td>
<td>43</td>
</tr>
<tr>
<td>Other</td>
<td>44</td>
</tr>
</tbody>
</table>

(Specify)

Q21. What is the highest level of education that you have attained?

- Masters (M.A., M.Sc., M.Ed.) or earned doctorate (Ph.D., D.Sc., D.Ed.) 1
- Degree in Medicine, Dentistry, Veterinary Medicine, or Optometry (M.D., D.D.S., D.M.D., D.V.M., D.V.D.) 2
- Bachelor or undergraduate degree, or teacher's college (e.g. B.A., B.Sc., B.A.Sc., LL.B.) 3
- Diploma or certificate from community college, CEGEP or nursing school 4
- Diploma or certificate from trade, technical or vocational school, or business college 5
- Some university 5
- Some community college, CEGEP or nursing school 4
- Some trade, technical or vocational school, or business college 5
- Other 9

(Specify)

Q22. What is your religion?

No religion 01
Roman Catholic 02
United Church 03
Anglican 04
Presbyterian 05
Lutheran 06
Baptist 07
Eastern Orthodox 08
Jewish 09
Islam (Muslim) 10
Buddhist 11
Hindu 12
Sikh 13
Jehovah's Witnesses 14
Other 15

(Specify)

Q18. Excluding kindergarten, how many years of elementary and high school education have you successfully completed?

- No schooling 48
- One to five years 49
- Six 47
- Seven 48
- Eight 49
- Nine 50
- Ten 51
- Eleven 52
- Twelve 53
- Thirteen 54

Go to Q20

Q19. Have you graduated from high school?

- Yes 1
- No 2

Go to Q24

Q20. Have you had any further schooling beyond elementary high school?

- Yes 3
- No 4

Go to Q22
Q23. Other than on special occasions, such as weddings, funerals or baptisms, how often did you attend services or meetings connected with your religion in the last 12 months? Was it...

- At least once a week? ................. 1
- At least once a month? .................. 2
- A few times a year? ...................... 3
- At least once a year? .................... 4
- Not at all? ............................... 5

Q24. The ancestors of Canadians come from many ethnic and cultural groups such as Inuit, French, Scottish and Chinese. To which ethnic or cultural group(s) did your ancestors belong? (Accept multiple responses)

- English .................................. 01
- French .................................... 02
- German ................................... 03
- Scottish .................................. 04
- Italian .................................... 05
- Irish ....................................... 06
- Ukrainian ................................ 07
- Chinese ................................... 08
- Dutch (Netherlands) .................... 09
- Jewish ..................................... 10
- Polish ..................................... 11
- Black ...................................... 12
- North American Indian ................ 13
- Métis ....................................... 14
- Inuit/Eskimo ............................... 15
- Other ...................................... 16

(Specify)

- Canadian (probe: Any other group?) .... 17
- Don't know ................................ 18

Q25. Are you currently receiving any income from a retirement pension, old age security or survivor benefits? (Exclude lump sum payments).

- Yes ....................................... 8
- No ......................................... 7
- Refused ................................... 8

Go to Q27

Q26. Are you receiving...

- Yes  No

a) Basic Old Age Security benefits paid by the Federal Government? ........ 01 02

These benefits are paid monthly by the Federal Government to all Canadians and Landed Immigrants who are 65 years of age or older and meet the minimum residency requirements. This benefit increases every 3 months in relation to the cost of living.

b) Supplements to the Old Age Security pension: the Guaranteed Income Supplement or the Spouse's Allowance? ........ 04 06

The Guaranteed Income Supplement is paid by the Federal Government to Old Age Security Pensioners who have little or no income. The pensioner must reapply every year to receive it.

Spouse’s Allowance is paid by the Federal Government if a person is between 60 and 65 years of age, has little or no income, and is widowed or is the spouse of a pensioner.

Both the Guaranteed Income Supplement and the Spouse’s Allowance are increased every 3 months in relation to the cost of living.

c) A retirement pension from Canada Pension Plan or Quebec Pension Plan? .... 05 06

This pension is paid by the Federal or Quebec government to individuals who have contributed to the plan. Benefits usually begin when the individual reaches 65 years of age but may be applied for as early as 60 years of age. This pension is increased in January of each year in relation to the cost of living.

d) A retirement pension from a former employer? .................... 07 08

This pension is paid by a former employer upon retirement. It may be a pension that was either cost shared with your employer or one provided entirely by your employer.

e) A survivor benefit plan from the Canada Pension Plan or Quebec Pension Plan? .... 09 10

This benefit is paid by the Federal or Quebec Government to surviving spouses of individuals who have contributed to the Canada or Quebec Pension Plan. An individual must apply for these benefits. This pension is increased in January of each year in relation to the cost of living.

f) A survivor benefit plan from some other source other than the Canada Pension Plan or Quebec Pension Plan? ............ 11 12

This benefit is paid by a source other than the Federal or Quebec government to a surviving spouse.
Q27. Are you currently receiving any income from a disability pension? (Exclude lump sum payments)
- Yes
- No
- Refused

Q28. Are you receiving...
   a) A disability pension from Canada Pension Plan or Quebec Pension Plan?
   b) A disability pension from an employer benefit plan?
   c) A disability pension from some source other than Canada Pension Plan, the Quebec Pension Plan or an employer benefit plan?

Q29. Comment: Both individual and household income are needed to study the relationship between an individual's overall economic situation and his/her health.

Q30. What is your best estimate of your own income from all sources, before deductions during the past 12 months?

Q31. Not including yourself, how many other people in your household received income from any source, during the past 12 months?
- 8 people

Q32. Interviewer Check Item

Q33. What is your best estimate of the total income of all household members from all sources during the past 12 months? Was the total household income...
### Section R: Contacts for follow-up

**R1. INTERVIEWER**

*Read the following section for each person interviewed.*

This survey is part of a longer-term project to investigate the relationship between health and other social issues.

For this reason, we may need to contact your household in a year or more from now.

In case you move or change phone numbers, we would like to obtain your complete name and address. This information will be kept strictly confidential and will only be used to maintain contact with you.

Refused to provide information ........................................ 3 O  Go to R8

Refused to participate in future surveys ................................ 0

**R2. Name of Respondent**

| Given Name | .......................... |
|-----------|
| Surname   | .......................... |

**R3. Address of Respondent**

<table>
<thead>
<tr>
<th>Street and Number/ Lot and Concession</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, Town, Village Municipality</td>
</tr>
<tr>
<td>Province/ Territory</td>
</tr>
<tr>
<td>Postal Code</td>
</tr>
</tbody>
</table>

**R4. Would you please give me the name, address and telephone number of someone we could contact if you move, such as a friend, relative or neighbour. (I want to emphasize that we will contact this person only if you move and then only to obtain your new address or telephone number.)**

Refused to provide contact ........................................ 5 O  Go to R8

**R5. Name of Contact**

| Given Name | .......................... |
|-----------|
| Surname   | .......................... |

**R6. Address of Contact**

<table>
<thead>
<tr>
<th>Street and Number/ Lot and Concession</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Province/ Territory</td>
</tr>
<tr>
<td>Postal Code</td>
</tr>
</tbody>
</table>

**R7. Home Telephone of Contact**

(Area code)

**R8. Interviewer:**

Thank the respondent and end interview.

**R9. INTERVIEWER CHECK ITEM:**

What is the sex of the respondent?

Male ........................................ 6 O

Female ....................................... 7 O